

# Community Level Action for Population-wide Impact: An Overview of Community Efforts to Increase Healthy Eating and Active Living Opportunities

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## Background

In the United States, chronic diseases, such as heart disease, cancer, stroke, and diabetes, are among the leading causes of death and disability. They account for 70% of all deaths in the U.S. or 1.7 million deaths each year.<sup>1</sup> Additionally, the economic, social, and physical conditions in the places where people live, work, and play have a major influence on health outcomes.<sup>2</sup>

Since 2011, the Centers for Disease Control and Prevention launched four nationally funded, locally implemented programs that were built on previous community health programs. The programs focus on increasing healthy eating and physical activity population-wide. Although the programs differ slightly by program model, they similarly focus on developing policy, system, and environmental improvements at the community level.

- Community Transformation Grants (CTG) (2011 – 2014): The purpose of the initiative was to build capacity to implement evidence- and practice-based strategies to prevent chronic diseases and illnesses. Initially, it was a five-year program that ended in three years.
- Community Transformation Grants (CTG Small Communities) (2012 - 2014): An extension of CTG, this initiative supported areas with fewer than 500,000 people in neighborhoods, school districts, villages, towns, cities, and counties to increase opportunities to prevent chronic diseases and promote health.
- Partnerships to Improve Community Health (PICH) (2014 - present): A three-year initiative that supports implementation of evidence-based strategies to improve the health of communities and reduce the prevalence of chronic disease.
- Racial and Ethnic Approaches to Community Health (REACH) 2014 (2014- present): Builds on a body of knowledge developed through previous REACH programs. The three-year initiative strengthens capacity and implements evidence- and practice-based strategies in racial and ethnic communities.

1 US Centers for Disease Control and Prevention. National Implementation and Dissemination for Chronic Disease Prevention Funding Opportunity Announcement 2014. 2 US Department of Health and Human Services. Social determinants of health. <http://www.healthypeople.gov>. Accessed October 1, 2015.

## Purpose

The purpose of this analysis was to identify strategies, commonalities, and lessons learned from communities that plan, implement, and evaluate population-wide strategies meant to decrease the burden of chronic disease. The selected programs collaborate with diverse partners to implement efforts that increase access to healthy foods and physical activity opportunities.

## Methods and Results

The internal Performance Monitoring Database was used to analyze awardee data including community action plans and interim and annual progress reports.

There are 175 awardees that focus their efforts on healthy eating and/or physical activity. Fourteen were included in this analysis.

Sixty four percent (64%) of the selected awardees were governmental agencies followed by community-based organizations (21%), Federally Qualified Health Centers or hospitals (14%) and non-governmental agencies (7%).

## Intervention Strategies

### Healthy Eating

California Center for Public Health Advocacy

Fresno County Department of Public Health

### Physical Activity

Altamed Health Services

San Francisco Department of Public Health

County of San Diego Health and Human Services Agency

Saint Helena Hospital Clear Lake

Fresno County Department of Public Health

Merced County Department of Public Health

### Healthy Eating and Physical Activity

Public Health Institute

Denver Health and Hospital Authority

Montana Department of Public Health and Human Services

South Dakota Department of Health

County of Santa Clara Public Health Department

North Coast Opportunities

■ REACH ■ CTG ■ PICH

## Key Findings and Common Themes

### Partnerships and Collaboration

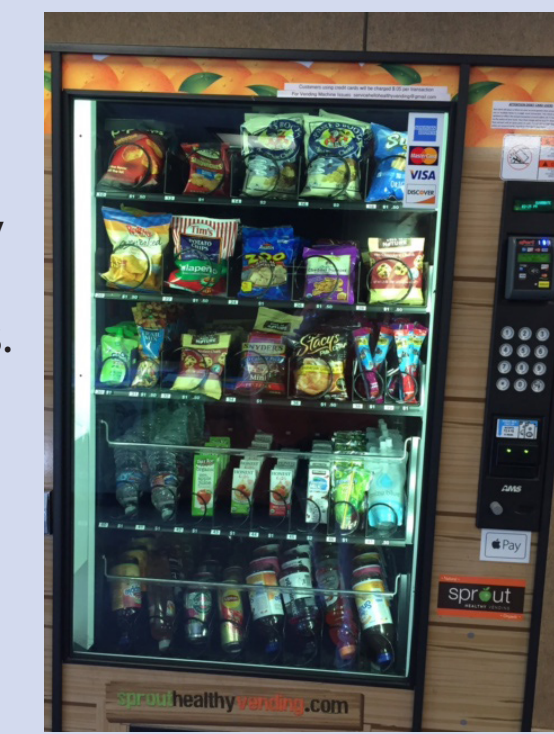
- Voice for Priority Populations.** Awardees were encouraged to implement interventions that address priority populations specific to their communities. They included representatives of the community to ensure the interventions were appropriate, feasible, and needed to implement in the community. Awardee strategies and interventions intended to include disparate populations in the decision-making process. Most communities included community representatives and/or organizations that represent disenfranchised populations in the planning, implementation, and evaluation process.
- Decision Maker Involvement.** Awardees included decision makers to employ strategies that impacted policy implementation in organizations, schools, and worksites.\*
- Non-traditional Partnerships.** In the planning process, awardees realized the importance of including representatives from multiple sectors to ensure that the interventions were comprehensive and inclusive of entities that are not traditionally included.
- Capacity Building.** Partners received additional training specific to their respective strategies. Awardees had access to technical assistance providers to enhance program planning and implementation.
- Time.** Building and maintaining partnerships requires a significant investment of time and resources to ensure that the coalition functions and that the community is included in the process. Time is required to ensure that all invested parties are integral to improving health outcomes and that it has an impact.

### Schools

- Implementation.** Fifty percent (50%) implement interventions to increase access to healthy food options and physical activity opportunities.
- Joint-Use.** Over 14% implement policy to enable students to access school grounds to promote physical activity after school hours in addition to community members.
- Formalized Comprehensive Physical Activity.** Twenty one percent (21%) increase physical activity opportunities through formalized efforts such as curriculums or time dedicated to being physically active during class.

### Community

- Community Planning.** The analysis concluded that 14% of the awardees utilized community planning as an intervention, which included community design, policy implementation, improvements and/or recommendations.
- Built Environment.** Thirty-five percent (35%) of awardees applied improvements to the built environment as potential strategies that would increase physical activity. Some communities collaborated with partners to make structural improvements to parks/trails signage. Some awardees employed strategies to improve safety (police visibility, lighting and walking/running groups).
- Retail Environment.** Over 28% employed changes in retail environments to increase healthy eating by community members. Examples include infrastructure improvements and collaborating with grocers to offer healthy eating items.



### Worksites

- Employee Wellness.** Awardees collaborated with worksites to implement comprehensive policies to address healthy eating, physical activity, tobacco use, and breastfeeding.
- Governmental Agencies.** Several awardees worked with large insurance companies to offer incentives and/or low cost access to physical activity through gym memberships. Awardees also implemented strategies to improve access to healthy items in their cafeterias and vending machines.
- Low or No Cost Physical Activity.** Across the awardees utilizing low or no cost physical activity, many worked with insurance companies and/or doctors or clinics to refer and provide low or no cost physical activity as an incentive and prescription for better health.

\*Awardees participated in a mandatory anti-lobbying training to ensure federal funds were used properly.

## Conclusions and Future Implications

Our analysis outlines the importance of supporting communities to create population-wide strategies that increase access to healthy food options and physical activity opportunities. The findings from this analysis may serve to improve health outcomes in other areas. There is no single strategy to improve community health. However, including health in policies that create or support systems and environments broadens public health's reach within communities. This may decrease long-term chronic disease health outcomes and improve population health overall.



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